NCQA Requirements and Strategies for Maintaining PCMH Recognition

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What We Will Cover

- Strategies for Maintaining PCMH
- Getting and Maintaining Staff Buy-In
- Annual Reporting Overview

Our Approach

- Start with where you are
  - What do you have in place already?
  - How do you currently maintain PCMH concepts?
- Discuss other ideas and strategies for maintaining PCMH
  - Think about how to refine your existing strategies and ideas
- Study the NCQA process and requirements for sustaining recognition

Organizational Strategies

Adding PCMH elements to our Quality Improvement Committee

- Keep PCMH at the forefront
- Catch any issues at our meetings before they get to far out of hand

Organizational Strategies

- Designate 1 team member who owns the PCMH program. Will not be responsible for everything, but will delegate.

- Print off and provide PCMH policy notebooks for the team/offices

- Develop or use a spreadsheet for tracking

- Utilize EHR analytical tools

- Data infrastructure

Organizational Strategies

- Continue to educate the staff on the requirements of PCMH

- Including a PCMH focus as part of the huddle in two-week increments
  - This allows staff an opportunity to understanding of particular concepts, competencies, and criteria (PCMH 2017) and how it relates to their position and to the patients.
  - The new focus is sent out every two-weeks.

- Explain the rationale for changes as it relates to being a PCMH. For example, at an "All Hands Staff Meeting" every other month.

Organizational Strategies

- Include PCMH orientation/education as part of <u>new</u> board, staff, provider on-boarding and training.
    - Use the PCMH policies you developed for your last recognition as a guide
    - Job descriptions (2017 TC 02) already have "PCMH" incorporated
    - New employees meet with the PCMH designated team member for an introduction and review (e.g. via PowerPoint). New orientation and review is tailored to the position.

Organizational Strategies

- We have a PCMH Team that meets every 2 weeks.
  - Meet weekly based on what our review needs are
  - Address the elements, requirements, and how to best meet them.
  - This team implements, **brings process change suggestions forward to management** for implementation, monitoring &/or adjustment as needed to fit the organization needs & PCMH certification requirements

VCHA Member Strategies

- What strategies/methods has your organization put into place?

Sustaining Recognition (NCQA)

- How to Sustain your Recognition (NCQA) https://player.vimeo.com/video/209614049

Getting and Maintaining Staff Buy-In

Testimonials about Why PCMH

- Mary's Center: Putting the Patient in the Center of Health Care https://www.ncqa.org/videos/marys-center-putting-the-patient-in-the-center-of-health-care/?video-kw=pcmh&video-category=&video-topic=&pg=1

- Patient-Centered Coordinated Care in Midlothian Village Pediatrics https://www.ncqa.org/videos/patient-centered-coordinated-care-in-midlothian-village/?video-kw=pcmh&video-category=&video-topic=&pg=1

- Testimony about PCMH from a CEO of a CHC: https://www.ncqa.org/videos/patient-centered-medical-home-testimony/

- The Value of NCQA PCMH Program (Dr. Barr video) https://vimeo.com/204297752

Making the Value Case

- We did a webinar in February on "Making the Value Case for PCMH Development"
  https://chcleadership.com/webinar-2-11-19/

The Voice of Experience: Advice from Health Center Teams on Getting Staff Buy In for PCMH

Category	Advice from CHC Teams on Getting Staff Buy In for PCMH
Change Management	Education, review, and evaluation – provide a direct report process.
	Incentivize victories, celebrate, and mark next steps.
	Start small, go big, spotlight, rinse and repeat!
Education	Communicate the 'why's' and 'how's'.
	Educate staff on PCMH.
	Explain the 'why?'.
	Giving staff a better understanding of PCMH and how important it is.
	PCMH is a big concept and it takes repetition to absorb.
	Present PCMH during new employee orientation.
	Training
	Try to explain what PCMH is, and WHY we are trying to obtain recognition. Everyone we talk to has no clue what this is!
Leadership	Get more involvement from department leaders.
	Start with adoption from leadership team.
Messaging	Be enthusiastic!
	Consistency
	Explain clearly and enthusiastically at monthly providers meeting what the health center will look like, provide to patients, and conduct business in new ways for better patient care – in other words, what are we trying to get to as a PCMH?
	Make it simple and consistent.
	PCMH is the future of health care – it is better to be ahead of the curve than behind it.
	Staff education on PCMH requirements – presented with a positive attitude!
Patient	Communicate the need and how it impacts patient care.
	Educate the staff on why PCMH is better for the patient
	Explain the PCMH model and the reasons – 'not just because HRSA requires it, but because it will benefit the patient'.
	Explain to staff why it will benefit the patients that we serve in the community and make our organization more effective.
	Make sure you explain why the changes occur and why the clinic is doing it for patients – not just for policy and procedure reasons, but how it will make everything more efficient and help patients.
	Opportunity for more patient services centered on the patient
	Quality of patient care
Providers	Must be provider-led
	Sell to providers by stressing better patient outcomes and efficiency.
Quality of Care	Share quality measures with the team so they can see results of their work and how PCMH contributes to outcomes.
Staff Team	Empower staff for progress.
	Engage staff in progress.
	Integrate PCMH into staff activities, trainings, meetings, and reports.
	Involvement!
	Meeting often – implement weekly meetings
	More interaction with ALL leadership working on PCMH recognition
	Take the communication from the core team all the way up and down the organization.
Work Load	More grant possibilities for more staff to assist with work load

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Making the Value Case for PCMH Development – Key Stakeholders and Value Requirements

We provide this tool for use with your leadership and staff team to consider key stakeholders and value requirements. To use this tool, put a check mark "√" in the boxes where the value requirement applies to each stakeholder. Use the results as a reference for your practice's PCMH design, including generating solutions to specific buy-in obstacles.

	Patients & Families	Clinicians & Staff	Management Team	Community	Service Partners	Health Plans & Payers	Grant Funders	Public Officials	Others	Others
Access to Care										
Provide same-day appointment access										
Provide extended hours										
Quality of Care										
Meet or exceed established quality standards										
Use evidence-based guidelines										
Address critical health risks and serious health conditions										
Exceed national benchmarks on selected quality indicators										
Coordination of Care										
Connect people to community support services										
Engage with specialists and other providers										
Patient Engagement										
Engage patients/families as partners										
Help patients/families manage health conditions in home & community										
Patient Satisfaction										
Listen to patients through conversations and surveys										
Receive positive patient feedback										
Patient Flow										
Streamline communications across the care continuum										
Engage team members in pre-visit planning and rooming protocols										
Team Flow										
Formalize team job descriptions and responsibilities										
Help staff operate to the top of their credential										
Cost Impact										
Help patients and clinicians manage unnecessary tests & procedures										
Help patients manage conditions to reduce lifetime costs										
Help patients manage medications										
Revenue Impact										
Position practice for participation in alternative payment models										
Position the practice to payers as a leader in quality & access										
External Relationships										
Position the practice nationally in terms of PCMH recognition										
Collaborate with community partners										
Other Value Requirements										
Maintenance of Certification Credit										

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Educational Videos about '*What is PCMH*'

- Providence Health Care Group – PCMH educational video for patients: https://www.youtube.com/watch?v=5g4uS8F-V6o

- ACO video about the PCMH model: https://www.youtube.com/watch?v=CyJtf1uZpzg

- AAFP PCMH Video: https://www.youtube.com/watch?v=-CJ-ClPP1ss

- Animated Health Center educational video about PCMH; https://www.youtube.com/watch?v=CvroxEpoyNY

Introduction to the PCMH Process

- Introduction to PCMH (NCQA) https://player.vimeo.com/video/209613433

- What to Expect During the Check-Ins https://player.vimeo.com/video/209614117

- Navigating Q-PASS https://player.vimeo.com/video/209613949

- PCMH 2017 Standards and Guidelines Overview Videos (NCQA)

Annual Reporting Overview

Annual Check-In Process

- Use the **new online platform (Q-PASS) for submission of documentation**
- **Complete a self-assessment at the annual check-in**, verifying core features of the medical home have been sustained.
- Must meet the minimum number of requirements for each category.
- NCQA reviews submission and notifies practices of their sustained recognition status.
- NCQA will randomly select practices for audit to validate attestation and submitted documentation and data.

Practices that do not submit data on time or fail to meet other requirements may have their recognition status suspended or revoked. That may include having their recognition status on NCQA's Web site changed to "Not Recognized."

Annual Check-In Requirements

1. **Attest to core criteria** based on the current PCMH program, which consists of key expectations that recognized practices must meet as a medical home.

2. **PCMH Annual Reporting Requirements** table outlines reporting options.

3. To see the requirements and options for Annual Reporting, you can [download the Annual Reporting requirements](#) from NCQA.

Annual reporting requirements may be removed, modified or added over time. Practices will be notified of changes and given time to prepare data and documentation.

(NEW) Dates for Annual Reporting Evidence

- Now requires any evidence with a data entry element to include an effective start date and end date (meaning a "valid to" date)

- Moving forward, Q-PASS will include fields for a date range for annually reported evidence of all types, including multiple choice and document-based evidence.

- The end date should be at least 60-90 days after your Annual Reporting date (to allow sufficient time for review)

- **What does this mean?** For example, typically NCQA asks that evidence is current within 12 months. If your reporting date is 9/1/2019, and you are planning on submitting quarterly data for evidence, you could submit Q1 2019 data because that would be "valid" through 1/1/2020 which is about 90 days after your reporting date.

- See more: http://image.mail.ncqa.org/lib/fe951372746c047a74/m/1/65dd35cd-4dcc-4293-bf20-fd714c5a99b2.pdf

Other/Informational Reporting

A. Quality Measures

- Practices will have the option to submit electronic clinical quality measures (eCQMs) to NCQA in support of their recognition process.

- The identified measures can be submitted through electronic health records, health information exchanges, qualified clinical data registries (QCDRs) and data analytics companies as long as they can use the electronic specifications as defined by the Centers for Medicare & Medicaid Services for the ambulatory quality reporting programs.

- https://www.ncqa.org/wp-content/uploads/2018/09/20180701_PCMH_Quality_Measures_Crosswalk.pdf

- **B. Behavioral Health Assessment (Required but just informational)**

Resources for Annual Reporting

- We did a webinar on January 8th on Annual Reporting/Renewal https://chcleadership.com/webinar-1-8-19/
  - NOTE: NCQA released new 2019 Annual Reporting Requirements on 1.23.19 (after we did the webinar). There were minor changes from 2018 to 2019, which are highlighted in the post linked above.
- Annual Reporting Requirements: https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/current-customers/annual-reporting/
- Acceptable Quality Measures: https://www.ncqa.org/wp-content/uploads/2018/09/20180701_PCMH_Quality_Measures_Crosswalk.pdf
- What to expect in a virtual review:
  - https://www.ncqa.org/wp-content/uploads/2018/07/PCMH_Virtual_Review_r4.pdf
  - Supplemental video: https://vimeo.com/209614117/27d119f140